

Student Appeal Form

Student Name: _____ Student ID: _____

High School: _____ Grade: _____ GPA: _____

Name of course appealing to enroll in: _____

Reason for Appeal:

- ☐ Waive GPA Requirement
- ☐ Waive Accuplacer/ACT Cut Score Requirement
- ☐ Waive Course Prerequisite
- ☐ Other (explain): _____

Reason why the college should consider this appeal for you (the student):

Signature: _____ Date: _____

*Please attach a brief letter/email of recommendation from the counselor, teacher or administrator stating support for the student to enroll in a college-level course and send the completed appeal form to:

Erin Warren, K12 Collaboration Coordinator

Email: erin.warren@minnesota.edu

Fax: 218.736.1573

Mail: M State, 1414 College Way, Fergus Falls, MN 56537, Attn: Erin Warren